## State of California Air Resources Board ADMINISTRATIVE HEARING OFFICE

| In th  | ,  | REQUEST FOR HEARING Duty Vehicle Inspection Program |  |
|--|--|---|--|
| (Name of Cited Vehicle Owner)  |  |   |  |
|  | COMPLETE ONE REQUEST FOR HEARIN                                | G FOR EACH CITATION CONTESTED                       |  |
| CITED VEHICLE OWNER WANTING TO FILE A REQUEST FOR HEARING SHALL FILE THE REQUEST WITH THE EXECUTIVE OFFICER WITHIN 45 DAYS FROM DATE OF BEING SERVED WITH THE CITATION (TITLE 17, CALIFORNIA CODE OF REGULATIONS, SECTION 60075.17(c)) |  |   |  |
|  | Please answer all que You must fill out Owner Information even |   |  |
| 1.   | This is an appeal for Citation number:                         | (Please Attach Copy)                                |  |
|  | Date Citation Issued:  |   |  |
|  | Date Owner Received Citation:                                  |   |  |
|  | Did the Owner receive the Citation by:                         |   |  |
|  | Certified Mail? Yes  | □ No □  |  |
|  | Personal Delivery? Yes   | □ No □  |  |
| 2.   | Are you intending to be represented at the ho                  | earing? Yes 🗌 No 🗌                                  |  |
| 3.   | Information of Party Requesting Hearing:                       | Representative Information:                         |  |
| -  | Type or Print Name   | Type or Print Name                                  |  |
| -  | Title (if applicable)  | Title (if applicable)                               |  |
|  | Owner/ Company Name  | Company Name  |  |
|  | Address  | Address   |  |
|  | City , State, Zip  | City, State, Zip                                    |  |
|  | ( )  | ( )   |  |
|  | Telephone Number   | Telephone Number                                    |  |
|  | ( )  | ( )   |  |
|  | Fax Number   | Fax Number  |  |
|  | E-mail Address   | E-mail Address                                      |  |

STATE OF CALIFORNIA
Air Resources Board
Administrative Hearing Office
REQUEST FOR HEARING
Form HO–A1 (REV. 09/03)
Page 2

## Please answer all questions. You must fill out Owner Information even if you are the Representative.

| 4. | A hearing is being requested for the following reasons (check one or more):  Deny existence of violation specified in the Citation  Deny existence of prior violation  Deny ownership of cited vehicle  Other (please explain) |  |
|----|--|--|
|    |  |  |
|    |  |  |
| 5. | The specific facts or contentions upon which the request for hearing are based:  (State facts or contentions for each reason identified in 3 above.)   |  |
|    |  |  |
|    |  |  |
|    |  |  |
| 6. | The response to question(s) number is (are) continued on separate sheet(s) of paper, which is (are) attached and incorporated herein by reference.   |  |
| ÷  |  |  |
|    | Signature Date (Owner or Representative)   |  |

MAIL COMPLETED FORM WITH A COPY OF THE CITATION TO:

ADMINISTRATIVE HEARING OFFICE

ATTN: HEARING CLERK

1001 I STREET, SUITE 107

SACRAMENTO, CA 95814

Any questions regarding this form should be directed to the Hearing Clerk at (916) 327-2032.